

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
OR
REVOCACTION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/684,296
Filing Date	October 10, 2003
First Named Inventor	Christopher Stone
Title	SYSTEM AND METHOD FOR DYNAMIC NOTE ASSIGNMENT FOR MUSICAL SYNTHESIZERS
Art Unit	2837
Examiner Name	Jianchun Qin
Attorney Docket Number	048647-001000

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

22204

OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number

OR

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the

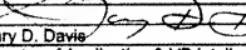
Applicant/Inventor

OR

Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/13/2008
Name	Gary D. Davis	Telephone	(818) 704-4606
Title and Company	Inventor of Application & VP Intellectual Property of Audio Impressions		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/684,296
Filing Date	October 10, 2003
First Named Inventor	Christopher Stone
Title	SYSTEM AND METHOD FOR DYNAMIC NOTE ASSIGNMENT FOR MUSICAL SYNTHESIZERS
Art Unit	2837
Examiner Name	Jiachun Qin
Attorney Docket Number	048647-001000

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

OR

 I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

22204

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number.

OR

 The address associated with Customer Number:

OR

 Firm or Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

 Applicant/Inventor.

OR

 Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.71(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record:

Signature:

Date:

11/06/2008

Name:

Christopher Stone

Telephone:

(818) 704-4606

Title and Company:

Inventor of Application:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of _____ forms are submitted.

The collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) a patent application. It is mandatory by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed form. You are not required to provide any separate documentation or individual forms. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.